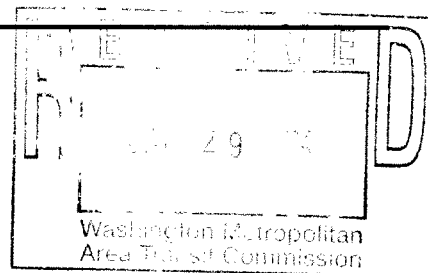


Washington Metropolitan Area Transit Commission

2014 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

266	McLean School Bus Service, Inc.			
*WMATC No. *Name of Carrier (as shown on certificate of authority)				
7905 Marlboro Pike		Forestville	MD	20747-4415
*Street Address of Principal Place of Business		Apt./Suite	City	State Zip
P.O. Box 146		Brentwood	MD	20722-0146
Mailing Address (if different from street address)		Apt./Suite	City	State Zip
(301) 736-8600		(301) 736-8700		
*Telephone	Other Telephone	Fax	E-mail	

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

559648			1876
USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Abner McLean	President		
*Name	*Title		
(301) 736-8600	(301) 736-8700		
*Telephone	Other Telephone	Fax	E-mail

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Name of Registered Agent for Service of Process	Telephone	E-mail		
Agent Address (must be inside Metropolitan District)	Apt./Suite	City	State	Zip

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

NO SUCH CHANGES OCCURRED

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. Include all required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
121	2005	Setra	WKKA34CD653000262 ✓	012P07	MD	56	No
123	2005	Setra	WKKA34CD653000259 ✓	012P08	MD	56	No
125	1994	VanHool	YE2TA73B7R2024884 ✓	07016P	MD	49	No
127	2005	Setra	WKKA34CD253000260 ✓	012P09	MD	56	No
129	2005	Setra	WKKA34CD453000261 ✓	012P10	MD	56	No
131	2008	BCI	LWECAEAD08A450056 ✓	010P98	MD	56	No
133	2008	BCI	LWECAEAD08A450058 ✓	009P60	MD	54	Yes
135	2008	BCI	LWECAEAD08A450054 ✓	009P61	MD	56	No
137	2011	Freighln	1FVACWDU7BDAX0206 ✓	017P09	MD	35	No
139	2012	Freighln	1FVACXDT9CHBE8648 ✓	021P15	MD	40	No

7. ***CERTIFICATION:**

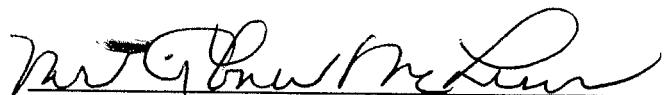
I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Mr Abner McLean

*Name (type or print)

President

*Title (not required for sole proprietors)



*Signature

01/28/14

*Date